THE GULF COAST CENTER
Regular Board of Trustees Meeting
Northern Brazoria Community Service Center (NBCSC)
101 Brennan, Alvin, TX
Wednesday, August 19, 2026
6:15 pm

"Better community healthcare promoting healthy living."

1. **Call To Order** ..... Jamie Travis, Board Chair
   a. Announcements and Introductions

2. **Citizens' Comments**

3. **Presentations:**
   a. **Substance Use Programs** ..... Sonni Miller, Youth Recovery Program Manager

4. **Board Member Reports**
   a. Texas Council of Community Centers ..... Jamie Travis, Board Chair
   b. Texas Council Risk Management Fund ..... Mary Lou Flynn-DuPart, TCRMF Board Chair
   2026 ELECTION PROCESS FOR PLACES 4, 5, and 6 OF THE TCRMF BOARD OF TRUSTEES **(Pg.8)**

5. **Operations Report:** ..... Felicia Jeffery, CEO
   a. Operational, Clinical, & Financial Excellence
      - Strategic Plan Update

6. **Budget, Finance and Admin Reports** ..... Rick Elizondo, CFO
   a. Financial & Operational Monthly Report & YTD Summary **(Pg.5)**

7. **Consent Agenda** ..... Linda Bell, JD, BSN, RN
   Consideration and Approval of Recommendations and Acceptance of Consent Agenda Items. (*Consent agenda items may be pulled from this consideration for individual action or presentation.)*
   a. Review and approval of July 22, 2026, Board Minutes. **(Pg. 23)**
   b. Review and approval of August 4, 2026, Board Retreat Minutes **(Pg.29)**
   c. Review and approval of the July 2026 Check Register

8. **Action Items** ..... Linda Bell, JD, BSN, RN

   a. Consider the approval of the recommendations for the FY26 Gulf Coast Center Board of Trustees' Officer Position as presented by the Board of Trustees Nominating Committee.

   HHSC Agreements

   b. Consider approval of **Amendment #2 to the HHSC MH Performance Contract #HHS00159860035**. This amendment reduces funding for the Veterans Services Program by $39,714.40, resulting in a revised allocation of $59,571.60, which reflects amounts previously paid for services rendered prior to the 3/1/26 transfer of the program to the Texas Veterans Commission.

If you need additional assistance to effectively participate in or observe this meeting, please contact (409) 763-2373 at least 24 hours prior to the meeting so that reasonable accommodations can be made to assist you.

c. Consider approval of **Amendment #2 to the HHSC MH Coordinated Specialty Care (CSC) Contract #HHS001329300026**. This program allows for the provision of psychotherapy, family education, peer support, and psychiatry services for individuals 15-30 years of age experiencing first episode psychosis. The amendment revised the categorical budgets for FY26-27 and updates requirements for budget and invoice submissions. No change in allocation.

d. Consider approval of the **HHSC Projects for Assistance in Transition from Homelessness (PATH) Contract #HHS001612400013**. The PATH program provides outreach and case management to persons who are homeless, or at imminent risk of becoming homeless and works to facilitate enrollment into mainstream mental health services. Contract term is FY27-FY31 with a total amount not to exceed $1,127,000.

e. Consider approval for **Amendment #1 to the HHSC Substance Use Treatment Service Contract #HHS001535500114**. This contract provides funding for substance use outpatient programs to include Treatment for Adult (TRA), Treatment for Youth (TRY) and Treatment for Females (TRF) as well as funds for subcontracted residential services. This amendment updates the scope of the grant, performance measures, and fiscal requirements. No change in allocation.

f. Consider approval of the **FY27–28 Quality Management | Continuous Quality Improvement Plan**. This HHSC and CCBHC-required plan summarizes QM | CQI activities conducted across all service areas. **(Pg. 15)**

GCC Administration Agreements

g. Consider the approval of the **FY2027 Initial Budget** as presented at the Board Retreat on August 4, 2026. The budget includes a 3% cost of living adjustment. The initial budget is set at $55,816,929.00

h. Consider the approval of the **FY2027 Bank account listing**. **(Pg.11)**

i. Consider the approval of the **FY2027 Board Authorized Signatures**. Changes from FY2026 include the removal of Vivian Renfro and the addition of Stephen Holmes. **(Pg.13)**

j. Consider approval of the New Agreement with **ZMark Health, LLC** for credentialing and enrollment services utilizing Exydoc proprietary software. ZMark was determined as best value Awardee from the FY26 Credentialing and Enrollment Services RFP. **Term**: 3 year agreement **Rate**: Setup fee: $250/provider; Monthly Software & Managed Services Fee no more than $50/mo/provider.

Behavioral Health Agreements

k. Consider approval of the FY26-FY27 Interlocal Agreement with **Galveston County** and the **Galveston County Sheriff's Office** for funding support of a Mental Health Deputy position to support the crisis needs of communities in Galveston County, the Center's treatment facilities, and crisis services. **Amount not to exceed**: $267,788 for the FY 2026-2027 agreement period. **Funding**: Performance Contract MH Crisis Facility & Rider 5

l. Consider ratification of the Interlocal Agreement with **Galveston County**. The purpose of the ILA is to increase safety and security by maintaining a visible law enforcement presence; securing the Galveston County Mental Health Wellness Center facility and intake areas; providing non-voluntary transportation of patients as authorized by law. Six (6) Deputies at Investigator Pay, and One (1) Sergeant to perform the services described herein. Each Deputy shall work up to a total of 2080 hours per year, inclusive of permissible leave. **Term**: October 1, 2025 through September 30, 2028. **Amount not to exceed**: no more than $95,000/Deputy. **Funding**: Performance Contract MH Crisis Facility and Rider 53

m. Consider approval of the New FY27 After-Hours Telehealth Services Agreement with **AVAIL TELEMEDICINE, PLLC** for after-hours telehealth/telepsychiatric services for individuals receiving services at the Galveston County Mental Health Wellness Center, a facility comprising an extended observation and crisis respite units. Procured pursuant to 26 Tex. Admin. Code §301.17(a)(4) emergency exception. **Amount not to exceed**: $290 for physician level After Hours & Weekends Emergent/Urgent New Evaluation. **Funding**: Performance Contract MH Crisis Facility and Rider 53

n. Consider approval of the FY27 Renewal Agreement with **Medical Behavioral Hospital of Clear Lake** which provides Private Psychiatric Beds (PPBs) when the Center's designated inpatient facility is at capacity. **Amount not to exceed**: $500,000. **Funding**: Performance Contract PPB

o. Consider approval of the Care Coordination Agreement with **Pearland ISD**. The purpose of this Agreement is to set forth the parties' understanding regarding their collaborative treatment planning and care coordination activities.

p. Consider ratification of the FY27 renewal agreement with **Southwest Key Programs, Inc.** to support the delivery of services in an evidence-based intensive family-and community-based treatment program known as Multisystemic Therapy® services to at-risk youth with intensive needs and their families. **Term**: September 1, 2026 – August 31, 2027. **Amount not to exceed**: cost reimbursement $656,444.00 (no change). **Funding**: HHSC Multisystemic Therapy Grant

q. Consider approval of the FY27 renewal agreement with the below listed YES Waiver Provider Services Network Agreements: **Funding**: Performance Contract MHC GR & Fee For Service Revenue

1. **Compelling Therapy Services, Inc.**: providing community living support services (unit rate: $17.50/15min. or $70/hr) and recreational therapy (unit rate: $19.36/15min or $77.44/hr)
2. **Cornerstone Family Resource Center**: providing community living support services, family supports, paraprofessional services and in-home respite services

Service	Hourly Rate	Unit Rate
CLS	$70/hr	$17.50/15min
Paraprofessional	$18.45/hr	$4.61/15min
Family Supports	$18.75/hr	$4.69/15min
In Home Respite	$15.66/hr	$19.36/15min

3. **New Life Equine Therapy Facility**: providing equine therapy services (unit rate $77.44/hr or $19.36/15min.)
4. **Thinking Above Average LLC.:** providing community living support services, family supports, paraprofessional services, music therapy and art therapy services

Service	Hourly Rate	Unit Rate
CLS	$70/hr	$17.50/15min
Paraprofessional	$18.45/hr	$4.61/15min
Family Supports	$18.75/hr	$4.69/15min
Music Therapy	$77.44/hr	$19.36/15min
Art Therapy	$77.44/hr	$19.36/15min

r. Consider approval of the NEW below listed FY27 YES Waiver Provider Services Network Agreements: **Funding**: Performance Contract MHC GR & Fee for Service

1. C**raving for A Change Foundation Inc.:** providing community living support services (unit rate: $17.50/15min. or $70/hr)

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2. **Kaleb's Corner LLC.**: providing community living support services, family supports, employment assistance, and nom-medical transportation services

Service	Hourly Rate	Unit Rate
CLS	$70/hr	$17.50/15min
Family Supports	$18.75/hr	$4.69/15min
Employment Assistance	$19.55/hr	$19.36/15min
Non-Medical Transportation	n/a	$0.44/mile

9. Pending or Revised Action Items ..... Linda Bell, JD, BSN, RN

Pending or revised items are those items that were on a prior board agenda but not completely resolved or there has been a revision since approval. The items may be listed for update purposes or final action by the Board.

10. Calendar ..... Jamie Travis, Board Chair

September	Wednesday September 30, 2026	Galveston	6:15 PM
October	Wednesday, October 21, 2026	Brazoria	6:15 PM
November	**No meeting this month due to holiday**		
December	Wednesday, December 9, 2026	Galveston	6:15 PM
January	Wednesday, January 20, 2027	Brazoria	6:15 PM
February	Wednesday, February 17, 2027	Galveston	6:15 PM
March	Wednesday, March 24, 2027	Brazoria	6:15 PM
April	Wednesday, April 28, 2027	Galveston	6:15 PM
May	Wednesday, May 26, 2027	Brazoria	6:15 PM
June	**June 23-25, 2027, Houston Galleria, Texas Council Annual Conference**		
July	Wednesday, July 28, 2027	Galveston	6:15 PM
August	Board Retreat	TBD	TBD
August	Wednesday, August 11, 2026	Brazoria	6:15 PM

SBCSC location: 101 Tigner, Angleton, TX | **NBCSC location**: 101 Brennan, Alvin, TX
MCSC location: 7510 FM 1765, Texas City, TX

11. Executive Session

- As authorized by Chapter §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at any time during this meeting to seek legal advice from its Attorney about any matters listed on the agenda.

12. Action Regarding Executive Session

13. Adjourn

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The Gulf Coast Center

FY2026 Monthly Board Financial Review

Unaudited as of 06/30/2026

Fiscal Year 2026 Unudited Centerwide General Fund Balance Status

Total General Fund Balance as of 08/31/2025 (Audited)					**$ (10,709,706)**
FY2026 Year-to-Date Reported Expense and Revenue Totals (Unaudited)					
	Expenditures	*Operational*	36,689,426		
		Non-Operational	-		
		Fund Balance	-	36,689,426	
	Revenues	*Operational*	37,030,197		
		Non-Operational	-	37,030,197	**$ (340,771)**
Total General Fund Balance Year-to-Date (Unaudited)					**$ (11,050,477)**
Board Committed Use General Funds (Fiscal Year Committed)					
Capital Projects - Facility (FY2008-FY2011)		(200,000)			
Capital Projects - Facility (FY2013)		(100,000)			
Capital Projects - Facility (FY2014)		(100,000)			
Capital Projects - Facility (FY2015)		(150,000)			
Capital Projects - Facility (FY2024)		(500,000)			
Capital Projects - Facility (FY2025)		(1,033,379)	(2,083,379.00)		
fy2008-fy2024 Expenditure			439,153.86		
fy2025 Expenditure			$ 1,344,225.31		
			-		
				(300,000)	
Capital Projects - IT (FY2003-FY2014)		(600,000)			
Captial Projects - IT (FY2015)		(150,000)			
Captial Projects - IT (FY2017)		(140,000)	(890,000.00)		
fy2008-fy2024 Expenditure			744,020.18		
fy2025 Expenditure			-		
			-		
			-		
				(145,980)	
IDD Community Service Support (FY2011-2014)		(300,000)			
IDD Community Service Support (FY2016)		(100,000)			
IDD Community Service Support (FY2018)		(100,000)	(500,000.00)		
fy2008-fy2024 Expenditure			471,531.85		
fy2025 Expenditure			-		
				(28,468)	
Major Facility Repairs (FY2014)		(186,940)	(186,940.00)		
fy2008-fy2024 Expenditure			186,940.00		
fy2025 Expenditure			-		
				-	
Flexible Spending Supports (FY2004-2013)		(500,000)			
Flexible Spending Supports (FY2018)		(100,000)	(600,000.00)		
fy2008-fy2024 Expenditure			517,663.44		
fy2025 Expenditure					
				(82,337)	**(556,784)**
Total General Fund Balance Year-to-Date (Unaudited)					**$ (11,050,477)**
Unrestricted Use General Fund Balance (Unudited)					**$ (10,493,693)**

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The Gulf Coast Center

FY2026 Monthly Fund Balance Report *Unaudited as of 06/30/2026*

Fiscal Year 2026 Unudited Centerwide General Fund Balance Status

Total General Fund Balance as of 08/31/25 (UnAudited)..... $(10,709,706)

FY2026 Monthly Reported Expense and Revenue Totals (Unaudited)

	September	October	November	December	January	February	March	April	May	June
Operational Expenses:	3,545,877	3,410,407	3,686,092	3,613,797	3,672,560	3,935,013	3,440,405	3,775,691	3,824,358	3,785,226
Non-Operational Expenses:										
Fund Balance Expenses:	-									
Total Expenses:	3,545,877	3,410,407	3,686,092	3,613,797	3,672,560	3,935,013	3,440,405	3,775,691	3,824,358	3,785,226
Operational Revenues:	3,516,931	3,456,609	3,733,662	3,651,696	3,697,740	3,988,537	3,479,396	3,828,804	3,827,884	3,848,938
Non-Operational Revenues:										
Fund Balance Revenues:										
Total Revenues:	3,516,931	3,456,609	3,733,662	3,651,696	3,697,740	3,988,537	3,479,396	3,828,804	3,827,884	3,848,938
Net increase/decrease to Fund Balance	(28,946)	46,202	47,569	37,899	25,180	53,524	38,991	53,112	3,527	63,712
Total General Fund Balance:	(10,681,300)	(10,727,502)	(10,775,072)	(10,812,971)	(10,838,151)	(10,891,675)	(10,930,666)	(10,983,238)	(10,986,765)	(11,049,937)
tal Unrestricted Fund Balance	(10,365,892)	(10,412,259)	(10,459,828)	(10,263,175)	(10,290,094)	(10,343,618)	(10,381,833)	(10,425,374)	(10,428,901)	(10,493,693)
Total Restricted Fund Balance	(556,784)	(556,784)	(556,784)	(556,784)	(556,784)	(556,784)	(556,784)	(556,784)	(556,784)	(556,784)
lvg. Operational Cost per day:	118,196	114,037	116,949	116,854	117,181	120,794	119,359	120,165	120,528	121,087
	September	October	November	December	January	February	March	April	May	June
DAYS OF OPERATION OF TOTAL FUND BALANCE	90	94	92	93	92	90	92	91	91	91
DAYS OF OPERATION OF UNRESTRICTED FUND BALANCE	88	91	89	88	88	86	87	87	87	87
DAYS OF OPERATION OF RESTRICTED FUND BALANCE	5	5	5	5	5	5	5	5	5	5

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MONTHLY BOARD REPORT-JUNE 2026

EXPENSES

	MONTHLY FY2026 BUDGET	MONTHLY FY 2026 June	ANNUAL FY 2026 BUDGET	YEAR TO DATE FY 2026 June	YTD Percent Variance	YTD Dollar Variance
Salary and Wages	$1,909,197.45	$1,539,109.80	$22,910,369.10	$15,646,314.56	68.3%	$7,264,054.54
Fringe Benefits	$608,728.29	$504,454.18	$7,304,739.30	$5,458,450.11	74.7%	$1,846,289.19
Travel	$27,491.14	$18,286.97	$329,893.73	$254,832.97	77.3%	$75,060.76
Comsumables	$27,383.58	$39,136.65	$328,602.21	$287,513.02	87.5%	$41,089.19
Pharmaceuticals/other	$27,173.73	$22,371.25	$326,084.83	$211,764.02	64.9%	$114,320.81
Furniture/Equip/Computer>$5000	$13,950.32	$5,306.39	$167,403.56	$128,873.12	77.0%	$38,530.44
Furniture/Equip/Computer<$5000	$6,891.07	$22,995.88	$82,692.11	$323,688.71	391.4%	($240,996.60)
Facility Costs:	$45,366.54	$35,865.93	$544,396.89	$469,576.32	86.3%	$74,820.57
Utilities	$12,661.20	$10,991.52	$151,934.63	$132,720.60	87.4%	$19,214.03
Communications:	$39,939.67	$43,147.33	$479,275.81	$443,589.88	92.6%	$35,685.93
Insurance	$45,322.26	$43,059.24	$543,865.82	$464,051.78	85.3%	$79,814.04
Vehicle Operating	$15,705.43	$23,136.73	$188,463.78	$182,367.16	96.8%	$6,096.62
Other Operating	$30,981.74	$5,840.34	$371,781.01	$158,633.94	42.7%	$213,147.07
Client Support Cost	$44,024.75	$15,821.46	$528,296.83	$296,546.92	56.1%	$231,749.91
Unallowable Costs	$5,620.44	$60,913.26	$67,445.11	$146,613.65	217.4%	($79,168.54)
Consultant/Professional - External	$23,274.82	$13,988.80	$279,297.78	$158,603.14	56.8%	$120,694.64
Other Organizations - Internal	$500.00	$59,531.12	$6,000.00	$334,926.05	5582.1%	($328,926.05)
Other Organizations - External	$1,029,844.10	$1,131,100.23	$12,358,129.04	$10,156,883.74	82.2%	$2,201,245.30
Other Organizations - Non-Clinical	$544,729.57	$190,168.73	$6,536,754.84	$1,433,476.19	21.9%	$5,103,278.65
Increast to Fund Balance:	($25,552.31)	$0.00	($306,627.57)	$0.00	00.0%	($306,627.57)
TOTAL EXPENSES:	**$4,433,233.79**	**$3,785,225.81**	**$53,198,798.81**	**$36,689,425.88**	**69.0%**	**$16,509,372.93**

MONTHLY BOARD REPORT-JUNE 2026

REVENUES

	MONTHLY FY2026 BUDGET	MONTHLY FY 2026 June	ANNUAL FY 2026 BUDGET	YEAR TO DATE FY 2026 June	YTD Percent Variance	YTD Dollar Variance
Brazoria County:	$22,543.33	$22,793.33	$270,520.00	$222,513.28	82.3%	$48,006.72
Galveston County:	$71,157.27	$65,938.50	$853,887.00	$811,628.37	95.1%	$42,258.63
Local Funds:	$180,603.24	($62,281.35)	$2,167,238.85	$625,265.08	28.9%	$1,541,973.77
Earned Income:	$480,435.83	$488,466.14	$5,765,230.19	$4,651,937.10	80.7%	$1,113,293.09
State Funds Allocated:	$1,756,841.01	$1,894,167.66	$21,082,092.39	$17,816,624.69	84.5%	$3,265,467.70
StateFunds Grants-Cost Reimb:	$1,094,143.62	$706,378.79	$13,129,723.06	$5,934,774.51	45.2%	$7,194,948.55
Federal Funds - Allocated	$80,716.07	$80,716.07	$968,592.84	$807,160.70	83.3%	$161,432.14
Federal Funds -Grants Cost Reimb:	$225,673.36	$165,104.66	$2,708,080.29	$1,755,271.03	64.8%	$952,809.26
Federal Funds - Misc.:	$96,960.78	$104,753.13	$1,163,529.35	$851,580.93	73.2%	$311,948.42
Federal Funds -DPP:	$118,852.46	$83,333.34	$1,426,229.39	$833,333.32	58.4%	$592,896.07
Federal Funds - CCP	$305,306.27	$299,567.69	$3,663,675.19	$2,720,108.31	74.3%	$943,566.88
Total Revenue	**$4,433,233.24**	**$3,848,937.96**	**$53,198,798.55**	**$37,030,197.32**	**69.6%**	**$16,168,601.23**
EXCESS OF REVENUE OVER EXPENSES	**($0.55)**	**$63,712.15**	**($0.26)**	**$340,771.44**	**I31065938.5%**	**($340,771.70)**
NET OPERATING SURPLUS/DEFICIT:	**($0.55)**	**$63,712.15**	**($0.26)**	**$340,771.44**	**I31065938.5%**	**($340,771.70)**

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July 15, 2026

MEMORANDUM

TO: Members, Texas Council Risk Management Fund (TCRMF) FROM:

Fund Administrator

SUBJECT: **2026 ELECTION PROCESS FOR PLACES 4, 5, and 6 OF THE TCRMF BOARD OF TRUSTEES**

On Friday, November 13, 2026, the Annual Member Meeting of Texas Council Risk Management Fund (TCRMF) will take place. At that time, elections will be finalized to fill the positions of Trustees in Places 4, 5, and 6, whose terms will expire at 12:01 a.m., January 1, 2027.

The Board Places up for election are currently occupied as follows:

Place 4: VACANT [Judge Van York retiring from Board effective December 31, 2026.]

Place 5: Edreauanna Fowler

Place 6: Bob Brown

Member Participation
In accordance with the Fund Bylaws, TCRMF Members have two opportunities to participate in the election process, through: (1) nominating candidates; and (2) casting their vote in the Board Election once they receive the ballot.

Member Nominations
In addition to the incumbent trustees, Members have the opportunity to nominate a candidate of their own for an expiring Place on the Board of Trustees. The qualifications set out in the Fund Bylaws state that all nominees for the Board must be trustees of a Fund member community center. If your center would like to submit a nomination, please complete the attached form. Please also include a biographical sketch of your nominee.

If you need additional assistance to effectively participate in or observe this meeting, please contact (409) 763-2373 at least 24 hours prior to the meeting so that reasonable accommodations can be made to assist you.

The nomination form and biographical sketch should be returned to the Texas Council Risk Management Fund by email to Jacey.GarzaRaines@sedgwick.com. These nominations must be received no later than Wednesday, **August 28 2026**.

Preparation of the Ballot
Per the Fund Bylaws, all nominations made will be considered by the Nominating Committee for inclusion on the ballot; however, not all nominations will necessarily be included on the ballot. The Nominating Committee determines the final ballot and will present a slate of nominees for election by the members. A ballot will be compiled listing the nominees chosen by the Nominating Committee.

Member Voting by Ballot
The ballot determined by the Nominating Committee will be sent to each center in September so that the election can be finalized at the annual meeting on November 13, 2026. Members are encouraged to submit their ballots electronically via email. If a member has not already cast their ballot in advance, ballots may be submitted in person at the Annual Member Meeting on Friday, November 13th, 2026

2024 TCRMF Trustee Election Timeline

- Request for Nominations – July 14, 2026
- Deadline for Member Nominations – August 28, 2026
- Nominating Committee meet to finalize ballot - Week of September 14, 2026
- Ballots Distributed to Members – September 21, 2026
- Ballots Due from Members by the Annual Meeting – November 13, 2026

Note: Members are highly encouraged to send their ballots electronically via email in advance of the Annual Meeting.

- Annual meeting of the Members at which elections are finalized – November 13, 2026

If you have any questions, please contact Greg Womack (512) 963-8192. Thank you

for your attention to this matter.

Texas Council Risk Management Fund

NOMINATION FORM

The undersigned Center would like to make the following nomination(s) for election to the Board of Trustees of the Texas Council Risk Management Fund:

NOMINATION

_____

_____

_____

I understand that any submitted nominations received after August 28, 2026, cannot be considered. In addition, I recognize that nominees for Trustee must meet the required qualification of being a Trustee of a community center that is also a member of the Fund, as stated in Article IV, Section 2 of the Fund Bylaws. I understand that the Fund's Nominating Committee might not elect to include all nominees on the ballot sent to members. I also understand that the Fund's Nominating Committee is responsible for determining the place for which each candidate will be considered and placed on the ballot.

Respectfully submitted, this _____day of _____, 2026.

_____
CENTER

_____
Signature

_____
Name

_____
Title

Please return by August 28, 2026, to:

Texas Council Risk Management Fund Email:
Jacey.GarzaRaines@sedgwick.com

If you need additional assistance to effectively participate in or observe this meeting, please contact (409) 763-2373 at least 24 hours prior to the meeting so that reasonable accommodations can be made to assist you.

THE GULF COAST CENTER **Revised: 09/01/2026**

BANK ACCOUNT LISTING

FY 2027

Ledger #	Account Name	Account #	Bank Name & Address	Authorized Signatures
1101.0001	Southern Brazoria CSC	4001008697	Texas Gulf Bank P.O. Box 1719 Angleton, TX 77516-1719	Felicia Jeffery Sarah Holt Rick Elizondo
1101.0002	Community Service Center of Northern Brazoria Co.	3001009380	Wells Fargo 2900 S. Gordon St. Alvin, TX 77511	Sarah Holt Rick Elizondo
1101.0003	Mainland Depository	359109	Moody National Bank 2302 Post Office Galveston, TX 77550	Sarah Holt Rick Elizondo
1101.0004	Depository Account	740062927	Frost National Bank P.O. Box 179 Galveston, TX 77553	Felicia Jeffery Sarah Holt Rick Elizondo
1101.0005	Payroll Account	740062943	Frost National Bank P.O. Box 179 Galveston, TX 77553	Sarah Holt Rick Elizondo Felicia Jeffery
1101.0006	General Operating Account	740062935	Frost National Bank P.O. Box 179 Galveston, TX 77553	Sarah Holt Rick Elizondo Felicia Jeffery Jamie Travis
1101.0013	Facility Management	740080144	Frost National Bank P.O. Box 179 Galveston, TX 77553	Sarah Holt Rick Elizondo Samuel Tingle
1101.0014	TexPool	84141111	Texas Treasury Safekeeping Trust Company	Weidong Lin Rick Elizondo Sarah Holt

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			P.O. Box 12608 Austin, TX 78711-2608	
1101.0018	Legal Ease	596010024	Frost National Bank P.O. Box 179 Galveston, TX 77553	 Sarah Holt Rick Elizondo
1101.0020	GPA - FSA	740094064	Frost National Bank P.O. Box 179 Galveston, TX 77553	 Felicia Jeffery Sarah Holt Rick Elizondo Kathy Enochs
1101.0021	GPA - Group Health	740094056	Frost National Bank P.O. Box 179 Galveston, TX 77553	 Felicia Jeffery Sarah Holt Rick Elizondo
1101.0023	General Depository Secondary	20227518	Texas First Bank 3232 Palmer Highway Texas City, TX 77592	 Felicia Jeffery Sarah Holt Rick Elizondo
1101.0025	US Bank c/o RBC Capital Markets	8E739892	RBC Clearing & Custody 250 Nicollet Mall Minneapolis, MN 55401-1931	 Felicia Jeffery Rick Elizondo

GULF COAST CENTER AUTHORIZED SIGNATURES

Board of Trustees

Jamie Travis

Caroline Rickaway

Stephen Holmes

Center Staff

Felicia Jeffery, Chief Executive Officer

Sarah Holt, Chief Nursing Officer

Rick Elizondo, Chief Financial Officer

Linda Bell, Chief Legal Officer

Devon Stanley, Chief Information Officer

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As approved on 8/19/2026

Cathy Rice, Secretary to the Board of Trustees

RESOLUTION

Upon motion, duly made and seconded, it was

RESOLVED

That the Board of Trustees of Gulf Coast Center approved the Board of Trustees representatives: Jamie Travis, Caroline Rickaway and Vivian Renfrow; and Gulf Coast Center Employee representatives: Felicia Jeffery, Rick Elizondo, Sarah Holt, Linda Bell and Devon Stanley be authorized to sign documents necessary and required for Gulf Coast Center and its operations; in accordance with the document requirements and the Gulf Coast Center's Board of Trustees approved Authorized Signature Procedures 14.10

The above and foregoing is a true and correct copy of a portion of the minutes of the regular Board of Trustees' meeting of Gulf Coast Center, held August 19, 2026.

Prepared and submitted by:

Cathy Rice, Secretary to the Board of Trustees

If you need additional assistance to effectively participate in or observe this meeting, please contact (409) 763-2373 at least 24 hours prior to the meeting so that reasonable accommodations can be made to assist you.

Quality Management and Continuous Quality Improvement Plan

FY2027-28

I. Overview

As a Certified Community Behavioral Health Clinic, the Gulf Coast Center (GCC) offers a comprehensive service array to help meet the growing needs of the community. The Center works to ensure that clients and family members receive the quality care and support needed to improve behavioral and physical health outcomes. All Center programs adhere to quality standards and commit to continuously improve performance of clinical and supportive services, program management, and administrative activities.

The Quality Management and Continuous Quality Improvement Plan, hereinafter referred to as the QM/CQI Plan, describes the methods by which Center-wide continuous quality improvement activities are implemented to improve access to services and to ensure service recipients and family members receive high-quality care in support of the Center's mission and vision.

Mission Statement

Provide accessible, efficient, and quality services to support the independence and healthy living of those we serve.

Vision Statement

Better community healthcare promoting healthy living.

II. Quality Management Program Structure

The Quality Management Program is dedicated to ensuring improved outcomes and enhanced customer satisfaction for service recipients. GCC is also committed to ensuring all family members and collateral contacts of service recipients have positive experiences. The Gulf Coast Center's Board of Trustees approves the QM/CQI Plan, and the leadership staff of the Center is entrusted with plan implementation. Leadership oversees the collection and evaluation of feedback from stakeholders, which includes assessing and approving actions related to stakeholder satisfaction with services provided. Leadership evaluates performance indicators and uses data to drive decisions regarding service outcomes, financial responsibility, and organizational efficiency.

GCC leadership staff entrust the responsibility for oversight of the QM/CQI Plan to the Director of Quality and Contracts Management and assures that sufficient resources are allocated to make improvements necessary throughout the agency. The Director of Quality and Contracts Management reviews the plan annually, solicits input from the Executive Management Team (EMT) and Executive Leadership Team (ELT) and updates the plan to incorporate feedback from management. Leadership entrusts program managers with assuring that all staff participate in the QM/CQI Plan by being aware of the outcomes of quality assurance activities in their service areas. Of note, the terms audit and review are used interchangeably throughout this document.

III. Annual Auditing Work Plan

Prior to the beginning of each fiscal year, the Director of Quality and Contracts Management reviews internal and external audits from the current fiscal year to develop the Quality Management Team's audit schedule for the upcoming year. QM

uses a risk stratification process using the protocol described below. The process is based on the status of existing corrective action plans, departmental CQI projects, and alignment with external program audits by oversight agencies.

Risk Identification - This process aims to identify potential risks that could negatively affect service quality, financial health, or contract compliance. The identification process allows the Quality Management Team to gather information and includes reviewing existing documentation or data to obtain an understanding of the present risks in the following three key areas:

- Client health outcomes
- Financial health
- Contract compliance

Risk Assessment- The use of internal performance data in comparison with contractual requirements, metrics, and performance data from state/federal databases and results from state and federal audits. During the assessment process, the level of risk is assigned based on the outcome of the assessment by the categories described in the following table.

Risk Category	Risk Description
Low	First occurrence of a quality assurance activity or audit (internal or external) that results in findings that do not require a Corrective Action Plan (CAP). The quality controls are developed and implemented by the program and require minimal oversight by the QM Team.
Moderate	First occurrence of a quality assurance activity or audit (internal or external) that results in findings in 1 or more key areas that require a CAP. The review produces evidence that the deficiency is isolated or is systemic but does not result in programmatic or financial penalties. The quality controls are developed and implemented collaboratively by the program and QM Team and require ongoing monitoring by QM to ensure CAP compliance and sustained improvement. Or An (internal or external) reaudit shows improvement, but additional time is needed to produce data supporting sustained improvement. The performance data supports that reducing level of QM Team intervention and/or program monitoring is likely to result in increased risk.
High	Results of an (internal or external) audit produce evidence of a risk in more than 1 key area resulting in a CAP and the review produces evidence that the deficiency is systemic and is subject to or resulted in programmatic and/or financial penalties. Or An (internal or external) reaudit shows failure to implement or maintain quality controls and/or evidence of non-compliance with an existing CAP.

	Or The annual assessment process determines more than one occurrence of audit findings in the same area of risk and/or failure to implement corrective actions and/or failure to maintain quality controls resulting in no change in risk assignment.

Quality Controls - By identifying risks, controls will be implemented to foster process improvement, mitigate risks in key areas, and reduce the chances of an escalation in risk category assignment in annual risk stratification process. The quality controls will be program-specific and will be periodically assessed to evaluate ongoing effectiveness.

Risk Reduction- The determination of risk reduction requires data to support that risk in the key area(s) no longer requires the same level of intervention and that existing quality control measures are sufficient to sustain improvements. The acceptable supporting data may include but is not limited to:

- Successful implementation of all elements of a CAP demonstrated by a subsequent review in which there is no recurrence of findings, or a subsequent audit shows significant progress with quality assurance initiatives
- Evidence of performance measure achievement or performance measure improvement for more than one measurement period
- Audit that does not result in programmatic penalties such as reduction in personnel or service capacity, partial budget reallocation, or recoupment of funds
- Improvements have been sustained with reduced frequency of monitoring and minimal QM Team intervention allowing for a transition to maintenance monitoring

IV. Quality Management Reviews

The Quality Management Team utilizes various review protocols for monitoring GCC's clinical and administrative services. The team conducts routine audits based on risk assessment data which may include an entire department or service area but can also have a narrow review scope that addresses a risk within a particular department or physical location.

A. Comprehensive and Focused Reviews

For each audit, there is a defined scope, sample selection, review process, and method by which findings are documented and recommendations are made. The audit process can vary, depending on the assignment of risk, contractual requirements, and other applicable state and federal compliance standards. A comprehensive review, typically reserved for areas of high-risk, requires completion of all elements (1-10). A focused review, which does not require completion of all 10 review elements, is generally performed when assigned risk is low and an audit is needed in a specific area as an initial review or to evaluate ongoing effectiveness of an existing corrective action plan by assessing compliance with plan implementation and to verify evidence of sustained improvement.

1. Achievement of performance targets
2. Documentation of service provision
3. Access to services
4. Implementation of evidenced-based practices

5. Trends in risk data for staff and clients
6. Policy and procedures
7. Personnel files
8. Financial and billing reports
9. Facility appearance
10. Client satisfaction surveys (not required in all reviews)

The focus and frequency of reviews is supported by performance data collected in Smartcare, MBOW, CMBHS, or other state or federal databases. QM staff routinely monitor databases collaboratively with the Utilization Manager to identify trends and assess program compliance with performance metrics established internally or by oversight agencies.

Upon completion of a program audit, a Report of Findings (ROF) is developed and shared with the Program Manager and/or Service Area Director, or designated representative for subcontractors. The ROF details program strengths, weaknesses, and recommendations for improvements. If a program review is found to have significant areas requiring improvement, QM will require a CAP which may be developed by the Program Manager and/or Service Area Director, subcontractor, or by QM staff no later than four weeks after development/receipt of the ROF. The CAP will describe the actions that will take place to address findings, staff responsible for implementing and monitoring action items and include a timeline by which corrections will be made. The QM Team will conduct a subsequent review to determine compliance with the CAP and to assess if improvement has been sustained.

B. Unscheduled Audits

The QM Team conducts periodic unscheduled audits by service area or department to evaluate compliance with contract requirements as well as other performance indicators. These audits may follow a retrospective review process to assess compliance for a specified timeframe or focus on the current performance of an area. An unscheduled audit may be initiated by the Director of Quality and Contracts Management, Rights Protection Officer, or at the request of a member of the EMT or ELT. The audit process will adhere to a standardized review methodology to include presentation of findings and recommendations as referenced in section IV. A.

C. Monitoring of External Service Providers and Subcontractors

Provider agencies agree to participate in and comply with QM activities and standards to objectively monitor and evaluate service delivery and provider performance. The QM Department supports provider QA activities by evaluating adherence to service requirements and identified quality standards. The QM Department utilizes various methods for evaluating service delivery of providers which include but are not limited to the following: quality record reviews, monitoring wait lists, capacity and census reports, facility inspections, and data acquired from State reporting systems.

D. Quality Management Collaboration and Committee Participation

1. Utilization Management (UM)

The Director of Quality and Contracts Management works closely with the Utilization Manager to monitor contractual performance measures, service utilization, and provider adherence to Texas Resiliency and Recovery Practices to include the following areas of focus:

- Utilizing clinical and encounter data to compare authority performance with established service targets and contract requirements
- Identifying trends to include gaps in services, under and over utilized services, and barriers to service access
- Reporting identified concerns to leadership staff to allow for further evaluation and development of action planning and improvement activities

The UM Manager is charged with sending regular reports to Service Area Directors, Program Managers, and other leadership staff as appropriate. These reports are used to inform clinical staff of performance measure status and service utilization and/or authorization concerns. The Service Area Directors and Program Managers are responsible for disseminating information to direct care staff using this data to implement operational changes for process improvement.

2. Client Rights and Corporate Compliance

The Director of Quality and Contracts Management works closely with the Corporate Compliance and Rights Protection Officers to include collaborating on QA-related compliance reviews and participating in the following committees.

Corporate Compliance Committee

This committee is comprised of representatives from clinical and administrative services and serves to assist and advise the Corporate Compliance Officer in the implementation and monitoring of the Center's Corporate Compliance Plan. The Committee's responsibilities include:

- Analyzing the organization's regulatory obligations
- Assessing existing policies and procedures that address these areas for possible incorporation into the compliance monitoring program
- Working with employees to adhere to standards of conduct and policies and procedures that promote compliance
- Recommending, developing and/or monitoring internal systems and controls to carry out Center standards, policies, and procedures as part of the Center's daily operations.
- Determining the appropriate strategy and approach to promote compliance and detection of potential risk areas through various reporting mechanisms.
- Assisting with the development of preventive and corrective action plans as appropriate.
- Developing a system to solicit, evaluate and respond to complaints and problems; and monitoring findings of internal and external reviewing bodies for the purpose of

  identifying risk areas or deficiencies requiring preventive and corrective action.

The committee routinely reviews:

- Compliance reports and incidents
- Compliance investigations
- Business Code of Conduct Violations
- Overpayments / refunds / lost revenue / fee collection
- Audit findings/Quality Management activities
- Drug and alcohol testing
- Licensure / website verifications / exclusion lists / background check issues
- HITECH Breach Notification issues
- The Compliance Plan, Compliance Procedures and Business Code of Conduct; Risk and Compliance Annual Assessment; MIS Security Risk Assessment.

Human Rights Committee (HRC)

The committee is charged with promoting, protecting, and ensuring the rights of individuals served by the Center's IDD Programs as well as providing due process when a limitation of an individual's rights is being considered. Each quarter the committee's agenda includes: a review of allegations of abuse neglect/neglect/exploitation, consumer complaints, consumer deaths and rights issues and restrictions. The agenda also includes a review of critical incidents which includes:

- Medication errors
- Serious physical injury
- Behavior intervention plans that authorize restraint
- Emergency mechanical restraint
- Emergency psychoactive medication restraint

The committee is charged with evaluating compliance with appropriate policies and procedures, evaluating trends, and formulating recommendations for improving the rights protection process. HRC membership is comprised of staff from varied service areas/disciplines and may include consumers served by the local authority and/or LAR's or family members of a person served.

HCS Consumer/Advocate Advisory Committee

The HCS Committee is facilitated by the Rights Protection Officer, and membership is comprised of staff from IDD program, QM, HR, and may include consumers served by the local authority and/or LAR's or family members of a person served. The focus of this committee is to review the following quarterly data related to HCS consumers:

- Allegation of abuse/neglect/exploitation
- Complaints
- Deaths
- Incidents/critical incidents
- Rights issues/restrictions: confidentiality, appeals, restrictions, restraints
- Program discharges
- Methods for measuring, assessing, and improving the consumer rights protection process
- Methods for improving program operations

V. Program Led Quality Assurance Activities

Quality assurance activities conducted outside of the Quality Management Department are devised to measure and assess performance and program compliance in accordance with contractual agreements, accreditation standards, and state and federal regulations. The program reviews include regular monitoring of evidenced-based practices (EBPs) which is key to ensuring that service provision meets fidelity requirements. The review of EBPs is designed to measure, assess, and improve service access and delivery. The program manager or his/her designee conduct reviews utilizing standardized audit tools developed internally or provided by oversight agencies to evaluate adherence to the fidelity models.

The QM Department maintains oversight of program-led activities by monitoring the results of audits and providing support and follow-up to program staff to assist with implementation of process improvement initiatives.

A. Continuous Quality Improvement (CQI) Projects

Gulf Coast Center is committed to utilizing Continuous Quality Improvement (CQI) initiatives that drive better client care and operational excellence. A center-wide focus on CQI leads to improved behavioral and physical health outcomes through activities that are responsive to community needs and aimed at improving population health. CQI practices emphasize the achievement of measurable improvements in accountability, effectiveness, efficiency, performance outcomes, and other indicators of quality for state and local programs.

Gulf Coast Center has adopted a project-based approach to CQI with the following guiding principles:

- Development of a pathway by which staff at all levels of the organization feel empowered to identify and report ideas for process improvement

- Promotes a team approach to quality improvement by identifying roles and responsibilities of all project participants
- Implementation of a standardized critical review process that meets the needs of administrative and clinical teams
- Utilization of a standardized CQI tool that which includes root cause analysis, project narrative, goals, action planning/task management, metric development/tracking, and plan of improvement
- Places emphasis on data-driven decision making
- Allows for greater transparency of areas of risk and involvement of stakeholders in the CQI process

All CQI projects utilize the project tool that incorporates several quality assurance activities which allows teams to effectively initiate a project, plan for improvement of system processes, and evaluate project impact and performance through ongoing monitoring and metric achievement.

The efficacy and success of each project will be analyzed and evaluated, testing the project's performance against the goal and objectives. Results proven to be effective with smaller scale projects have the potential to be scaled up, gradually, for use in other programs and locations, as deemed applicable and appropriate. For CQI projects deemed effective, the related policies and procedures will be revised and/or new policies and procedures will be developed to support project implementation.

The primary focus of CQI projects will be on markers related to behavioral and physical health outcomes, as well as the actions that facilitate improvement in performance as a CCBHC. The priority for CQI project approval will be for those projects aimed at process improvement related to deaths by suicide or suicide attempts of people receiving services, fatal and non-fatal overdoses, all-cause mortality among people receiving CCBHC services, 30-day hospital readmissions for psychiatric or substance abuse reasons, and such other events the state or applicable accreditation bodies may deem appropriate for examination and remediation as part of a CQI plan.

B. Supervisor Quality Assurance Reviews

The QM Department monitors the findings of program managers or designees who are qualified to complete quality record reviews for their respective programs which adhere to a monthly or quarterly audit schedule. The data collected from reviews is submitted to the QM Department via shared files. If any review elements are found to be out of compliance, program managers will notify responsible staff so the issue can be corrected. The program manager is responsible for monitoring issues of non-compliance to ensure that corrections are made, and improvements are sustained.

The QM Team is responsible for ensuring reviews are completed and that any needed corrections are made. The QM Department utilizes the information from the QA reviews to identify both positive and negative trends which is shared with Service Area Directors and used to make informed decisions aimed at improving access to care, service delivery, and quality of clinical documentation.

C. Crisis Response Services

QA reviews are conducted to evaluate the quality and accessibility of crisis services. The activities include evaluation of: Mobile Crisis Outreach Team (MCOT), crisis hotline services, MH inpatient hospitalizations, IDD Crisis Intervention Specialist functions, IDD crisis respite services and MH crisis respite services. The areas in which crisis services are monitored include the following:

- Facility Capacity Reporting/Waitlists
- Crisis Hotline Services
- Quality Record Reviews

- Facility Inspections/Safety Reports/Staff Training
- Inpatient Hospital Discharge Transports

D. Client Satisfaction

Client satisfaction is assessed primarily through satisfaction surveys which are routinely offered across GCC programs. The Center utilizes several different methods for administering surveys, collecting and reviewing survey data, and providing direct follow-up when needed. The overarching goal of all surveys is to receive direct feedback on client experiences for both onsite and virtual visits, analyze survey data, and utilize feedback to identify any service gaps and/or barriers by which improvements can be made to better align client expectations with client experiences. In addition to surveys, the QM Department may determine a need to conduct QA phone calls to clients or family members/LARs to solicit feedback on services. QA calls are also conducted by request from leadership as a need is identified. Any QA calls for which feedback is unsatisfactory will be immediately addressed with the staff and/or supervisor. The QM department will maintain contact with the client or family member/LAR until the problem is resolved. QA calls are also encouraged within a service area and are conducted by the program manager or his/her designee. All callers are trained on the process for conducting calls and a standardized script and audit tool is utilized allowing for a uniform process for data collection and tracking.

My signature below indicates approval of the FY2027-28 Quality Management Plan.

_____ _____

Jamie Travis, Board Chair Date

THE GULF COAST CENTER
Regular Board of Trustees Meeting
Mainland Community Service Center (MCSC)
7510 FM 1765, Texas City, TX
Wednesday, July 22, 2026
6:15 pm

"Better community healthcare promoting healthy living."

3. Call To Order.....Jamie Travis, Board Chair

a. Announcements and Introductions

The following Board Members were present: Jamie Travis, Chair; Stephen Holmes, Vice-Chair; Caroline Rickaway, Chris Cahill, Mary Lou Flynn-DuPart.
The following Board Members were absent (excused): Brazoria County Sheriff Bo Stallman, Tyler Drummond, and Galveston County Sheriff Lt. Jaime Castro.
Also present: Felicia Jeffery, CEO; Rick Elizondo, CFO; Linda Bell, General Counsel; Sandy Patterson, Sam Tingle.

4. Citizens' Comments

4. Presentations:

b. **Assisted Outpatient Treatment presentation**
.....Jennifer Lattermann, Urban ACT, AOT, and CSC Program Manager
This month's program presentation was tabled for a future board meeting.

14. Board Member Reports

c. Texas Council of Community Centers ..... Jamie Travis, Board Chair
Jamie commended Gulf Coast Center on the 4 presentations given by GCC staff at the annual Texas Council Conference in June 2026: IDD Services, Just In Time, Leading from the Middle and PNAC (Planning and Network Advisory Committee).

d. Texas Council Risk Management Fund.....Mary Lou Flynn-DuPart, TCRMF Board Chair
- TCRMF Annual Report

15. Operations Report:..... .....Felicia Jeffery, CEO

b. Operational, Clinical, & Financial Excellence
- Strategic Plan Update
- The Board received an update on the newly formed Brazoria County Criminal Justice Coordinating Council, which held its inaugural meeting on July 1, 2026.

16. Budget, Finance and Admin Reports..... Rick Elizondo, CFO

b. Financial & Operational Monthly Report & YTD Summary **(Pg.5)**
Rick presented detailed financial reports, including fund balance status, revenue and expense summaries, and projections for year-end surplus, with board discussion on budget management and operational costs.

c. FY27 Benefits Plan

The Board received an overview of the FY27 employee benefits program, including favorable health plan performance with reduced claims activity under the current self-funded model. Leadership discussed strategies to manage long-term costs, including adjustments to stop loss coverage and planned changes to dental and vision providers, while maintaining stable employee contribution rates and preserving the financial advantages

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of the current benefits structure. FY27 Employee Benefit changes proposed are (1) increase stop loss from $125,000 to $135,000, and (2) move dental and vision from Guardian to Aetna.

17. Consent Agenda ..... Linda Bell, JD, BSN, RN

Consideration and Approval of Recommendations and Acceptance of Consent Agenda Items. (*Consent agenda items may be pulled from this consideration for individual action or presentation.)*

d. Review and approval of May 6, 2026, Board Minutes. **(Pg. 16)**
On motion by Mary Lou Flynn-DuPart, and a second by Stephen Holmes, the board approved the May 6, 2026, Board Minutes. The motion carried with all members voting in favor. There was no public comment.

e. Review and approval of the May 2026 and June 2026 Check Registers.
On motion by Mary Lou Flynn-DuPart, and a second by Stephen Holmes, the board approved the May 2026 and June 2026 Check Registers. The motion carried with all members voting in favor. There was no public comment.

18. Action Items ..... Linda Bell, JD, BSN, RN

HHSC Agreements

r. Consider approval of Amendment #1 to the HHSC Community Mental Health Grant Program Contract (CMHG) #HHS001392500050. The CMHG grant funds for the Galveston County Clubhouse Project is a member-run clubhouse providing peer support for individuals living with mental health challenges in Galveston County. The amendment adds funding for FY27-29 with a new amount not to exceed $1,817,540.

On motion by Mary Lou Flynn-DuPart, and a second by Caroline Rickaway, the board approved the Amendment #1 to the **HHSC Community Mental Health Grant Program Contract (CMHG)** #HHS001392500050. The motion carried with all members voting in favor. There was no public comment.

s. Consider approval of Amendment #1 to the HHSC Youth Crisis Outreach Program Contract (YCOT) #HHS001442900014. YCOT serves youth ages 3 to 17 years who are in need of behavioral health crisis services and intervention to prevent escalation to more acute settings when resolution in a home, school, or community setting is more appropriate. The amendment updates the invoice submission and financial reporting requirements. No change to contract amount.

On motion by Mary Lou Flynn-DuPart, and a second by Stephen Holmes, the board approved the Amendment #1 to the **HHSC Youth Crisis Outreach Program Contract (YCOT)** #HHS001442900014. The motion carried with all members voting in favor. There was no public comment.

t. Consider approval of Amendment #2 to the HHSC IDD Performance Contract #HH001586900035. This amendment includes updates to the special conditions and scope of grant attachments as well as changes to performance measures, deliverable submissions, and training requirements for FY27. Total not-to-exceed allocation is $2,161,421.

On motion by Mary Lou Flynn-DuPart, and a second by Chris Cahill, the board approved the Amendment #2 to the **HHSC IDD Performance Contract** #HH001586900035. The motion carried with all members voting in favor. There was no public comment.

u. Consider approval of Amendment #1 to the HHSC Prevention and Behavioral Health Promotion Contract (PBHP) #HHS001344700026. This contract provides funding for the Youth Prevention Universal Program (YPU) aimed at the prevention of substance use problems and the promotion of behavioral health and wellness strategies. This amendment updates the scope of grant attachment, reporting requirements, and budget. No change to the contract amount.

On motion by Caroline Rickaway, and a second by Mary Lou Flynn-DuPart, the board approved Amendment #1 to the **HHSC Prevention and Behavioral Health Promotion Contract** (PBHP) #HHS001344700026. The motion carried with all members voting in favor. There was no public comment.

v. Consider approval of Amendment #1 to the HHSC Outreach, Screening, Assessment, Referral Contract (OSAR) #HHS001644600012. The OSAR program provides coordinated access to a continuum of substance use and other community services. This amendment includes updates to performance measures and program and financial reporting requirements. No change to the contract amount.

On motion by Caroline Rickaway, and a second by Mary Lou Flynn-DuPart, the board approved Amendment #1 to the **HHSC Outreach, Screening, Assessment, Referral Contract (OSAR)** #HHS001644600012. The motion carried with all members voting in favor. There was no public comment.

GCC Administration Agreements

w. Appointment of the Nominating Committee members for the FY27 Board of Trustee officer elections.

Board Chair, Jamie Travis and Vice-Chair Stephen Holmes, nominated Mary Lou Flynn-DuPart, Caroline Rickaway, Jaime Castro and Chris Cahill to serve on the nominating committee. Mary Lou will serve as Chair. The committee will present the slate of officers at the August 19, 2026, board meeting.

x. Consider the approval of the Gulf Coast Center FY27 Employee Benefits coverage.

On motion by Mary Lou Flynn-DuPart, and a second by Caroline Rickaway, the board approved the **Gulf Coast Center FY27 Employee Benefits** coverage as presented earlier in the meeting by Rick Elizondo. The motion carried with all members voting in favor. There was no public comment.

y. Consider approval of the FY27 Gulf Coast Center Holiday Calendar.

On motion by Mary Lou Flynn-DuPart, and a second by Stephen Holmes, the board approved the **FY27 Gulf Coast Center Holiday Calendar**. The motion carried with all members voting in favor. There was no public comment.

z. Approval of the FY 2026 Budget Amendment #1.

On motion by Mary Lou Flynn-DuPart, and a second by Caroline Rickaway, the board approved the **FY 2026 Budget Amendment #1**. The motion carried with all members voting in favor. There was no public comment.

aa. Approval of the Master Services Agreement with Eide Bailly, LLP which describes the standard terms and conditions for the provision of services related to Annual Financial and Compliance audit.

On motion by Mary Lou Flynn-DuPart, and a second by Caroline Rickaway, the board approved the **Master Services Agreement with Eide Bailly, LLP**. The motion carried with all members voting in favor. There was no public comment.

bb. Approval of the Statement of Work and associated fees with Eide Bailly, LLP for the FY 2026 Financial and Compliance audit:

Engagement Fees

- **Estimate fee for the audit: $78,500, inclusive of actual out-of-pocket expenses, plus administrative charges and a technology fee (currently set at 5%).**
- **If the audit requires additional major programs: $6,500. (Major programs determined based on risk as required by the Uniform Guidance and TxGMS.)**
- **Out of scope, delayed or additional work caused by delays in receiving items on the prepared by client (PBC) list will be billed at a rate of $200 an hour.**

On motion by Chris Cahill, and a second by Mary Lou Flynn-DuPart, the board approved the **SOW and associated fees with Eide Bailly, LLP**. The motion carried with all members voting in favor. There was no public comment.

cc. Consider approval of the updated Public Funds Investment Policy.

- **Updated to allow purchase of municipal bonds of all States not just Texas**
- **Updated to allow the maximum maturity up to 2 years for all funds. Previously it was 1 year.**

On motion by Mary Lou Flynn-DuPart, and a second by Caroline Rickaway, the board approved the **updated Public Funds Investment Policy**. The motion carried with all members voting in favor. There was no public comment.

dd. Consider approval of the new agreement with Rowan Communication Inc, d/b/a Rowan HCI, Inc. for consultation and assistance in creating and launching a business funding plan.

Term: June 29, 2026 through November 2026 Not to exceed Amount: $15,000

On motion by Mary Lou Flynn-DuPart, and a second by Stephen Holmes, the board approved the new agreement with **Rowan Communication Inc, d/b/a Rowan HCI, Inc**. The motion carried with all members voting in favor. There was no public comment.

ee. Consider approval of the Permanent Placement Fees Service Agreement with LANCESOFT, INC., a Virginia Corporation. The Center shall reimburse them 15% of hired (directly or indirectly) candidates first-year base salary for each successful placement.

On motion by Mary Lou Flynn-DuPart, and a second by Caroline Rickaway, the board approved the Permanent Placement Fees Service Agreement with **LANCESOFT, INC**. The motion carried with all members voting in favor. There was no public comment.

ff. Consider approval of the Master Staffing Agreement with STERLING STAFFING SOLUTIONS primarily for nursing coverage at the EOU but may be utilized for any Center Facility for short-staffing needs.

CATEGORY	POSITIONS/ JOB TITLES	LOW	HIGH
Nursing	**Nurse Practitioner (NP)**	**$58.90**	**$103.85**
Nursing	**Registered Nurses (RN)**	**$54.25**	**$93.00**
Nursing	**Licensed Vocational Nurses (LVN)**	**$27.90**	**$62.00**
Nursing	**Certified Nursing Assistants (CNA)**	**$15.50**	**$23.25**

On motion by Mary Lou Flynn-DuPart, and a second by Stephen Holmes, the board approved Master Staffing Agreement with **STERLING STAFFING SOLUTIONS**. The motion carried with all members voting in favor. There was no public comment.

Behavioral Health Agreements

p. Consider approval of the Interlocal Agreement with Galveston County. This new ILA combines Galveston Co Jail Mental Health Targeted Plan for Jail Forensic, Mental Courts, Continuity of Care, Competency Restoration, and Jail Reentry Support Services into one ILA instead of separate agreements. Services shall be reimbursed to the Center $520,622 annually.

Term shall be June 1, 2026, and remain in effect until August 31, 2027.

On motion by Mary Lou Flynn-DuPart, and a second by Caroline Rickaway, the board approved the **Interlocal Agreement with Galveston County**. The motion carried with all members voting in favor. There was no public comment.

q. Consider approval of the MOU for the Galveston County Felony Mental Health Court Program. This MOU is required as part of the Office of the Governor grant funding for the Felony MH Court Program. This MOU is a collaboration with Galveston County Criminal District Attorney's Office, Private Criminal Defense Attorney, Galveston County Community Supervision and Corrections Department, and the Galveston County Sheriff's Office. The Center will provide a .25 clinician, .40 case manager, .10 program manager/clinician and .75 peer support specialist to Mental Health Court.

On motion by Mary Lou Flynn-DuPart, and a second by Chris Cahill, the board approved the **MOU for the Galveston County Felony Mental Health Court Program**. The motion carried with all members voting in favor. There was no public comment.

r. **Consider approval of the Interagency Memorandum of Understanding between the Gulf Coast Center, My Community Health Network, and Sweeny Hospital for collaboration on the planning, implementation, and operation of the Sweeny Crisis Enhancement Services Facility. The Parties will work together to improve access to behavioral health crisis services, strengthen coordination across organizations, and support individuals experiencing behavioral health crises within the Sweeny community and surrounding service area.** **Term**: 5 years

On motion by Mary Lou Flynn-DuPart, and a second by Chris Cahill, the board approved the Interagency **Memorandum of Understanding between the Gulf Coast Center, My Community Health Network, and Sweeny Hospital**. The motion carried with all members voting in favor. There was no public comment.

s. Consider approval of the Care Coordination Agreement with Pearland ISD. The purpose of this Agreement is to set forth the parties' understanding regarding their collaborative treatment planning and care coordination activities.

On motion by Mary Lou Flynn-DuPart, and a second by Stephen Holmes, the board approved the Care Coordination Agreement with **Pearland ISD**. The motion carried with all members voting in favor. There was no public comment.

Asset Management Agreements

t. Consider approval of the below 5 Renewal Agreements for Asset Management of the Center:

- **Ambassador Services for Janitorial Services not to exceed $116,260.93.**
- **The Helping Hands Property Services for Lawn Care Services not to exceed $59,988.00.**
- **Glass & Glazing, Inc for vehicle cleaning services between $45-$50/vehicle.**
- **Killum Pest Control, Inc. for pest control services not to exceed $9,234.00.**
- **Thalji Enterprises, Inc. dba Five Star Auto & Truck not to exceed $110 per vehicle**

On motion by Mary Lou Flynn-DuPart, and a second by Chris Cahill, the board approved the **5 Renewal Agreements for Asset Management of the Center**. The motion carried with all members voting in favor. There was no public comment.

u. Consider approval of the request to lease 5 vehicles for Youth Crisis Outreach Team (YCOT) program not to exceed $600.00 per month, per unit.

On motion by Mary Lou Flynn-DuPart, and a second by Caroline Rickaway, the board approved to **lease 5 vehicles for Youth Crisis Outreach Team** (YCOT). The motion carried with all members voting in favor. There was no public comment.

v. Consider approval to publish a Request for Qualification (RFQ) to purchase 2 Mobile Response Units (MRU). Purchase under Youth Crisis Outreach Team (YCOT) grant; not exceeding $210,000.00 per unit.

On motion by Mary Lou Flynn-DuPart, and a second by Chris Cahill, the board approved the request to **publish a Request for Qualification (RFQ) to purchase 2 Mobile Response Units (MRU)**. The motion carried with all members voting in favor. There was no public comment.

w. Consider approval to **declare surplus and dispose of the three identified Center fleet vehicles** through an auction service. All three vehicles are no longer usable by any fleet drivers. (**pg. 15**)

Veh. #	Year	Model	VIN	Mileage
5269	2010	Crown Victoria	2FABP7BV5AX115269	241,215
7672	2010	Ford Fusion	3FAHP0GA9AR307672	123,173
9809	2022	Chevy Tahoe	1GNSCNKD5NR169809	94,792

On motion by Mary Lou Flynn-DuPart, and a second by Chris Cahill, the board approved to **declare surplus and dispose of the three identified Center fleet vehicles**. The motion carried with all members voting in favor. There was no public comment.

SUD Agreements

x. Consider approval of the First Amendments to the 2 Residential Services Network Agreements:

- **Alcohol/Drug Abuse Women's Center, Inc. agreement amended to add $90,000 in new BPA funding for TRF Specialized Female Intensive Residential services and $60,000 due to a reallocation of projected unused funds.**
- **BARC Medically Indigent Care agreement amended to decrease the do not exceed amount by $60,000 due to a reallocation of projected unused funds.**

On motion by Caroline Rickaway, and a second by Mary Lou Flynn-DuPart, the board approved the **First Amendments to the 2 Residential Services Network Agreements**. The motion carried with all members voting in favor. There was no public comment.

19. Pending or Revised Action Items..... Linda Bell, JD, BSN, RN

Pending or revised items are those items that were on a prior board agenda but not completely resolved, or there has been a revision since approval. The items may be listed for update purposes or final action by the Board.

20. Calendar.....Jamie Travis, Board Chair

July 22, 2026	Board Meeting	MCSC	6:15pm
August 4, 2026	Annual Board Retreat	MCSC	12pm – 5pm
August 19, 2026	Board Meeting	NBCSC	6:15pm

SBCSC location: 101 Tigner, Angleton, TX | **NBCSC location**: 101 Brennan, Alvin, TX **MCSC location**: 7510 FM 1765, Texas City, TX

21. Executive Session

- As authorized by Chapter §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at any time during this meeting to seek legal advice from its Attorney about any matters listed on the agenda.

- **Close Open Meeting: EXECUTIVE SESSION PURSUANT TO SECTONS 551.071 OF THE TEXAS GOVERNMENT CODE: CONSULTATION WITH COUNSEL, DISCUSSION AND DELIBERATION REGARDING THREATENED OR PENDING LITIGATION.**
  Session was closed at 6:47pm

- **Reconvene to Open Session**
  The Board reconvened in Open Session at 6:59pm

22. Action Regarding Executive Session

No action taken.

23. Adjourn

There being no further business, the meeting was adjourned at 7:00pm

Respectfully,

Cathy Rice

Cathy Rice
Secretary to the Board of Trustees

Approved as to Consent and Form,

Jamie Travis

Jamie Travis
Chair of the Board of Trustees

If you need additional assistance to effectively participate in or observe this meeting, please contact (409) 763-2373 at least 24 hours prior to the meeting so that reasonable accommodations can be made to assist you.

THE GULF COAST CENTER
Board of Trustees Annual Board Retreat
Mainland Community Service Center
7510 FM 1765, Texas City, TX
Tuesday, August 4, 2026
12:00pm

"Better community healthcare promoting healthy living."

Minutes

1. **12:30 P.M. CALL TO ORDER.....Jamie Travis, Board Chair**
   The following Board Members were present: Jamie Travis, Chair, Stephen Holmes, Vice-Chair, Chris Cahill, Mary Lou Flynn-DuPart, Brazoria County Sheriff Bo Stallman, Caroline Rickaway and Tyler Drummond.
   The following Board Member(s) were excused: Jaime Castro.
   Also present: Felicia Jeffery, CEO, Rick Elizondo, CFO, Devon Stanley, CIO.

2. **Announcements.....Jamie Travis, Board Chair**

3. **CEO Center Vision .....Felicia Jeffery, CEO**
   The Board reviewed the Gulf Coast Center's mission, vision, and values and affirmed that no revisions are needed at this time. Discussion focused on the Board's stewardship role in guiding strategic direction, maintaining alignment with community needs, and ensuring long-term organizational sustainability.

   Executive leadership provided an update on progress toward the Strategic Plan, highlighting achievements in clinical excellence, leadership development, workforce initiatives, grant acquisition, service expansion, and community partnerships. The Board also reviewed a portfolio management framework designed to evaluate service lines based on mission alignment, financial sustainability, community impact, and risk exposure. Discussion emphasized the importance of proactive decision-making to strengthen, maintain, redesign, or sunset programs as necessary to ensure long-term viability.

4. **FY27 Budget..... Rick Elizondo, CFO**
   The Board reviewed the organization's current financial position and long-term sustainability strategy, including the impact of the expiration of significant COVID-era funding sources. Leadership outlined efforts to diversify funding streams through a balanced mix of state allocations, grants, foundation support, and earned revenue.

   FY26 and FY27 budget projections were presented, including anticipated revenue growth, workforce investment strategies, and expense management initiatives. The Board discussed continued efforts to strengthen revenue cycle performance, monitor funding risks, and maintain operational flexibility while supporting strategic priorities.

   Compensation planning and workforce sustainability were also reviewed. The Board discussed retention and recruitment strategies, current staffing levels, benchmarking practices, and future plans to maintain competitive compensation while balancing financial stewardship responsibilities.

5. **Approval for the FY26 end of year net retention incentives of $2,000 per staff for a total projected expense of $900,000.00**

On motion by Mary Lou Flynn-DuPart, and a second by Caroline Rickaway, the board approved the **FY26 end of year net retention incentives**. The motion carried with all members voting in favor. There was no public comment.

6. **Approval of the CEO to negotiate and finalize the ILA with the Galveston County Sheriffs Department for the reimbursement to not exceed $600,000 annually for a Sergeant and 4 Deputies to assist with security at the Crisis Facility and to provide transportation. Funding Source: Rider53 Funds for the Galveston County Wellness Center (EOU)**
   On motion by Mary Lou Flynn-DuPart, and a second by Caroline Rickaway, the board approved the **CEO to negotiate and finalize the ILA with the Galveston County Sheriffs Department**. The motion carried with all members voting in favor. There was no public comment

7. **Closed/Executive Session**
   IN ACCORDANCE WITH TEXAS GOVERNMENT CODE CHAPTER 551.074 (A) (1) SECTION: 551.074 PERSONNEL MATTERS, the Board will convene in closed session to discuss the evaluation of and/or evaluate the Chief Executive Officer.
   Session was closed at 1:45pm

8. **Reconvene to Open Session**
   Take action, if any, on Closed Session discussion.
   The Board reconvened in Open Session at 3:20pm with no actions needed.

9. **Adjourn**
   There being no further business, the meeting was adjourned at 3:20pm

Respectfully,

Cathy Rice

Cathy Rice
Secretary to the Board of Trustees

Approved as to Consent and Form,

Jamie Travis

Jamie Travis
Chair of the Board of Trustees

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